

The Honorable Lauren King

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, et al.,

Defendants.

NO. 2:25-cv-00244-LK

DECLARATION OF STEPHENIE
'FE' MISCHO

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NO. 2:25-cv-00244-LK

ATTORNEY GENERAL OF WASHINGTON
Complex Litigation Division
800 Fifth Avenue, Suite 2000
Seattle, WA 98104
(206) 464-7744

1 I, STEPHENIE 'FE' MISCHO, declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make
3 this declaration based on my personal knowledge.

4 2. I live on Whidbey Island, Washington with my husband and three children,
5 ages 22, 17, and 13. U.S. Military orders brought us here.

6 3. I am the Vice President of our local PFLAG and work for the local Chamber of
7 Commerce. I have long been a fierce advocate for LGBTQ+ rights.

8 4. My middle child, E.M., was assigned female at birth but identifies as male. I have
9 chosen to use initials E.M. to refer to him in this declaration to protect his privacy.

10 5. My son is an amazing kid. He is empathetic, kind, and loving. He is a loyal friend.
11 He enjoys cosplay, reading books, and gaming. We often play games as a family. E.M. loves
12 going to concerts and thrifting. He just loves being around people, whether it's spending time
13 with his family, hanging out with friends, or going to his favorite summer camp. It is a privilege
14 to be E.M.'s mom.

15 6. I am originally from Texas and had a very southern-conservative upbringing,
16 which came with its own challenges. As a parent, I have made it a point to ensure my kids grew
17 up with unconditional love, acceptance, and freedom to explore who they are. My husband and
18 I raised our kids without the constraints of gender norms. We wanted our children to figure out
19 for themselves what fits them best, like what clothes they like and how they want to present
20 themselves. We have always been very open with our kids, and them with us.

21 7. When E.M. was in fourth grade, he expressed that he wanted to use the boy's
22 bathroom. We were not too surprised because there had been small signs of E.M.'s gender
23 identity preferences before. We have never viewed E.M. informing us about his gender identity
24 as "coming out" because of the freedom my children had to experiment and discover who they
25 are. Our family is so open and welcoming, it had never even crossed his mind that telling us he
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1 identified as a boy would be received by anything other than our love and support. We simply
2 want what is best for our children's physical, mental, and emotional health.

3 8. At the time, E.M. had a military pediatrician he had been seeing since he was
4 two-years-old. When we notified E.M.'s doctor about his gender identity, his doctor refused to
5 treat him, stating it was against his religious beliefs. He wouldn't use E.M.'s preferred name and
6 pronouns. It was heartbreaking to see my son's doctor of seven years treat him this way. E.M.
7 was getting hit with trauma at only nine-years-old, and by a medical professional no less.
8 Thankfully, we were able to establish care with a different pediatrician who has been nothing
9 but supportive and a great resource for finding our son the health care that is right for him.

10 9. In fifth grade E.M. began trying out different names. His teachers and the school
11 staff were supportive and would use his preferred name. There were many instances of his
12 classmates using his dead name, though. Sometimes it was an honest mistake because they had
13 grown up with E.M., but there were other classmates who would intentionally not respect his
14 preferred name or pronouns. This intentional misgendering was difficult for E.M. to navigate as
15 this behavior was in stark contrast to the acceptance he has always known at home. Around this
16 time, E.M. was diagnosed with childhood depression. While we don't believe this was directly
17 tied to his gender identity, it certainly did not help his mental health when dealing with
18 classmates who refused to accept who E.M. knew himself to be.

19 10. Once E.M. began identifying as male, he wanted his outward appearance to
20 reflect what he felt like on the inside. As a family we began researching everything we could
21 about being transgender. We read scientific studies and watched documentaries. E.M. was very
22 interested in trans history and wanted a better understanding of his own feelings and what they
23 meant. E.M. watched "Jazz," a show about a transgender child. At just 12-years-old he took
24 initiative in educating himself and researching what he could find about being transgender. He
25 would often present what he was learning to my husband and me, and we would have in depth
26

1 conversations about what he learned. I have always been very proud of his eagerness to learn
2 and get a better understanding of who he is.

3 11. E.M. first started exploring gender-affirming care and talking about testosterone
4 therapy when he was 12. E.M. had already started puberty and experienced menstrual cycles and
5 breast development. He has to wear binders, and having larger breasts makes this incredibly
6 uncomfortable. He was struggling with feelings of sadness. He said he didn't feel right in his
7 body. He didn't like going to gym class. He felt like he was struggling to fit in. It was bothering
8 him not passing as a boy, his true gender identity.

9 12. When E.M. was 13 he expressed to us that he was ready to start pursuing
10 testosterone therapy. This was when his pediatrician referred us to a gender clinic. During the
11 appointment, the doctor further educated us on gender-affirming care and more specifically
12 testosterone therapy. After many conversations as a family, with his pediatrician, and his doctor
13 at the gender clinic, E.M. began testosterone therapy when he was 14, nearly two years after we
14 first started exploring this option. This decision was made deliberately, carefully, in consultation
15 with E.M.'s therapist and gender-affirming care doctors and with our complete understanding of
16 the benefits and risks. As E.M.'s parents, we were comfortable with the decision for E.M. to take
17 testosterone because of all the education we had done. We let medical facts and what was best
18 for our son's health drive our decision. We also knew E.M. could stop at any time if he wanted.

19 13. After a few months of taking testosterone, E.M.'s mental health started to
20 significantly improve as he started seeing the effects of the testosterone therapy. His voice was
21 deepening and he was noticing changes in hair growth, which improved the way he felt about
22 himself. E.M. became a lot more comfortable in his appearance. He began enjoying shopping
23 for clothes and was putting more effort into how he dressed. He had better hygiene and cared a
24 lot more about how he looked. He became more outgoing and engaged with others. These may
25 seem like small things, but to my son it meant finally starting to feel at home in himself.
26

1 14. Gender-affirming care is not just about medical treatments. Something else that
2 has really helped my son is the summer camp he attends for LGBTQ+ youth. He loves going to
3 this camp and has found a real sense of community being around kids and adults like himself.
4 He has told me that seeing trans adults at summer camp gives him hope for what his future can
5 be, which was something he didn't have before. Whenever he comes home from camp he is
6 noticeably happier, more confident, and excited about the future.

7 15. E.M. is 17-years-old now, a junior in high school. He's currently interested in
8 careers involving early childhood education or emergency response services like firefighters,
9 EMTs, and 911 operators. This is supposed to be an exciting time for teenagers, figuring out
10 what they want to do next. With this Executive Order threatening access to gender-affirming
11 care, my son's excitement for the future has instead turned into fear and uncertainty.

12 16. The next step of my son's transition journey is top surgery. The process to get
13 E.M. scheduled for top surgery began about a year and a half ago. As with the decision to take
14 testosterone, there was a lot of research involved, lengthy family discussions, doctor
15 consultations, and obtaining approval from a mental health specialist, which his therapist of
16 many years was more than willing to support. E.M. had been diagnosed with gender dysphoria
17 and it had been medically determined that gender-affirming care was necessary for his wellbeing.
18 Getting top surgery was the next step in achieving that.

19 17. E.M.'s top surgery was scheduled for February 13th, 2025, and at the last minute
20 the hospital canceled it because of the President's Executive Order. To say this news was
21 devastating would be a complete understatement. All the time and research my son poured into
22 his transition journey, years of learning and hoping and dreaming, taken away in the blink of an
23 eye. He was so close to being able to feel complete, so close to being the person he feels he is
24 on the inside, only to be told his surgery has been canceled and cannot be rescheduled until
25 further notice. E.M. has been putting on a brave face, but I know he is hurting. He was so excited
26 for this surgery. He talked about how excited he was to go to camp this summer and not have to

1 wear a shirt, and now he is worried it may never happen. Seeing my son suffering like this is
 2 heartbreaking. We have reached out several times to the hospital to request that it reschedule
 3 E.M.'s surgery. So far, the hospital has refused, citing the Executive Order. We are hopeful that
 4 the hospital will reschedule E.M.'s top surgery as soon as possible.

5 18. My husband and I have had numerous conversations and planning sessions about
 6 how to continue to get E.M. the lifesaving gender-affirming care he needs if this Executive Order
 7 is allowed to stand. We have discussed leaving the country for care if we have to, whatever it
 8 takes. Our son, and all trans kids, deserve gender-affirming care. It's not just about surgeries.
 9 It's about helping kids be who they are. For my son, continuing testosterone therapy and getting
 10 top surgery is necessary for his physical, emotional, and mental health. I am scared for what
 11 could happen if my son is denied the care he needs. While E.M. is generally a positive and happy
 12 kid, being denied this care, the inability to exist in the world as the person he knows himself to
 13 be, will cause irreparable harm. E.M. has had trans friends die by suicide because they did not
 14 receive the support and acceptance they needed. I know if this Executive Order stands, more
 15 kids will die as a result.

16 19. I do not have the expertise or resources to go against the most powerful office in
 17 the country, and in this time of heightened anti-trans rhetoric, beginning with the President's, I
 18 fear for my family's safety if I tried to bring a lawsuit as an individual plaintiff. For that reason
 19 I am thankful that the Washington State Attorney General's Office is bringing this lawsuit to
 20 fight back against this harmful, cruel, and baseless Executive Order.

21 I declare under penalty of perjury under the laws of the State of Washington and the
 22 United States of America that the foregoing is true and correct.

23 DATED this ____ day of February 2025.

24 
 25 _____
 26 STEPHENIE 'FE' MISCHO
 Parent of E.M.

02/18/2025